

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-011893

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 207

Primary Registration District No.

Registrar's No. 14

FILED APR 2 1962

1. PLACE OF DEATH

a. COUNTY

Maries

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN

Rural-Jefferson

Length of stay in lb

16 yrs

c. FULL NAME OF (If NOT in hospital, give TOWNSHIP)
HOSPITAL OR
INSTITUTION

AT home

Inside Limits

Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived, if instituting: Residence before admission)

a. STATE

Mo.

b. COUNTY

Maries

admission)

c. CITY

OR

R.F.D. Belle

Inside Limits

Yes ☐ No ☒

d. STREET

(If outside, give location)

ADDRESS

2-M.-S.E.

Reside on Farm

Yes ☒ No ☐3. NAME OF DECEASED
(Type or print)

First

Roy

Middle

E.

Last

LEE

4. DATE OF DEATH

March

26-1962

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☒Widowed ☐

8. DATE OF BIRTH

June 5-1912

9. AGE (last birthday)

49

IF UNDER 1 YEAR

Months Days Hours Min.

IF UNDER 24 HR

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Factory Worker

10b. KIND OF BUSINESS OR INDUSTRY

Shoe Industry

11. BIRTHPLACE (City and state or country)

Rolla-Mo.

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

Henry A. See

13b. MOTHER'S MAIDEN NAME

Aledia Montgomery

14. NAME OF HUSBAND OR WIFE

Edna (Berliss) See

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or part of service)

Yes w.w.2

16. SOCIAL SECURITY NO.

[REDACTED]

17. INFORMANT

33 Mrs. Edna See

Address

Rolla-Mo

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Cancer of left lung, lower lobe.

INTERVAL BETWEEN ONSET AND DEATH

1 year

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☒ NO ☐

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from March 61 to 3-26-62 and last saw him alive on 3-24-62
Death occurred at 3 am on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Paula Brenner, M.D.

22b. ADDRESS

Owensville, Mo.

22c. DATE SIGNED

3-27-62

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

3-28-62

23c. NAME OF CEMETERY OR CREMATORY

Union Cemetery

23d. LOCATION (City, town, or county)

Blond-Mo

(State)

24. FUNERAL DIRECTOR

Charles [REDACTED]

25. DATE RECD. BY LOCAL REG.

March 30-62

26. REGISTRAR'S SIGNATURE

Mozella Hutchison

27. DATE RECD. BY LOCAL REG.

March 30-62

28. REGISTRAR'S SIGNATURE

Mozella Hutchison

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

APR 5 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Cherte Lassmann

Licensed Embalmer No.

4178

P. O. Address

Blanch - me

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.